

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2024
NAME OF PROVIDER OR SUPPLIER  Saint Simeons Episcopal Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3701 Martin Luther King Jr Blvd Tulsa, OK 74106	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41220</b></p> <p>Based on record review and interview, the facility failed to ensure a resident was not involuntarily discharged for one (#1) of three sampled residents reviewed for involuntary discharge.</p> <p>The Administrator identified 77 residents resided in the facility.</p> <p>Findings:</p> <p>A Transfer or Discharge, Facility-Initiated policy, revised 10/23, read in part, Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require residents/representative notification and orientation, and documentation as specified in this policy.</p> <p>1. Each resident will be permitted to remain in the facility, and not be transferred or discharged unless:</p> <ul style="list-style-type: none"> <li>a .necessary for the resident's welfare .</li> <li>b . the resident no longer needs the services provided by this facility .</li> <li>c. the safety of individuals in the facility is endangered .</li> <li>d. the health of individuals in the facility would otherwise be endangered;</li> <li>e.nonpayment .</li> <li>f. the facility ceases to operate .</li> </ul> <p>Resident #1 had diagnoses which included Alzheimer's disease and sub-[NAME] hemorrhage.</p> <p>A progress note, dated 05/01/24, documented the resident's return to the facility from a hospital admission from a fall.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An executive progress note, dated 05/02/24, documented the resident's spouse was upset on finding the resident was admitted back to their original room, and had concerns regarding receiving appropriate rehabilitation services. The spouse had originally agreed to a suggestion from the administrator to transfer the resident, but had now decided to have the resident remain in the facility. The spouse was told staying at the facility now was not an option.</p> <p>A progress note, dated 05/03/24, documented the resident was discharged from the facility at approximately 4:00 p.m.</p> <p>On 05/21/24 at 10:53 a.m., the Administrator stated the spouse of Resident #1 agreed to suggestion of a transfer and the process of finding Resident#1 new placement was begun immediately. The administrator stated the spouse did change their mind the next day but was told that staying at the facility was not an option.</p> <p>On 05/22/24 at 11:56 a.m., the Administrator stated Resident #1 was not allowed to remain in the facility because the transfer was already in process. The administrator stated a transfer could be stopped while the resident was still in the facility, but they had chosen not to stop it.</p>		